PRINTED: 04/07/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
NVS4138AGZ				B. WING		03/13/2009			
SILVERWOOD CARE HOME			3527 BRON	DDRESS, CITY, STATE, ZIP CODE ONCO BUSTER COURT EGAS, NV 89032					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Y 300 SS=D	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  This Statement of Deficiencies was generated as a result of the Bed Increase survey conducted at your facility on March 13, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is currently licensed as a residential facility for groups to provide care for 6 elderly or disabled persons, Category 2 Residents. The facility has submitted an application requesting a bed increase for a total of 9 residents.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following deficiencies were identified:		ed at nority ion.  Itial y or e ing a lation d as 6, eral, hared 60 who	Y 000					
		ot met as evidenced by n and interview, the fac							

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED  03/13/2009			
				A. BUILDING B. WING	<u> </u>				
NVS4138AGZ									
NAME OF PF	ROVIDER OR SUPPLIER			RESS, CITY, STA					
SILVERWOOD CARE HOME			3527 BRONCO BUSTER COURT N LAS VEGAS, NV 89032						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
Y 300	Continued From page 1			Y 300					
	failed to provide sufficient bedroom space for 9 residents.								
	Findings include:  The facility is currently licensed to provide care for 6 residents. The facility has requested a bed increase for a total of 9 residents. On 3/13/09 in the morning, the measurements of the bedrooms were as follows:  Bedroom #1 (designated for 2 residents):129.97 square feet;  Bedroom #2 (designated for 2 residents): 128.08 square feet;  Bedroom #3 (designated for 2 residents): 92.06 square feet;  Bedroom #4 (designated for 3 residents): 264.32 square feet;  Bedroom #5 (designated for the live-in caregiver): 126.5 square feet.								
		n Bedroom #3 was not nts. The facility only ha pace for a total of 8	S						
	Severity: 2	Scope: 1							
Y 410 SS=D	449.227(1) Accommo	odations for Residents		Y 410					
	wheelchair or walker	vith a resident who uses shall: orways and exits wide	s a						

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4138AGZ 03/13/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3527 BRONCO BUSTER COURT SILVERWOOD CARE HOME N LAS VEGAS, NV 89032 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 410 Continued From page 2 Y 410 enough to accommodate a wheelchair or walker. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure all doorways were wide enough to accommodate a wheelchair. Findings include: On 3/13/09 in the morning, the doorway to Bathroom #1 was measured 29 inches in width. (The actual measurement of access to the bathroom was measured at 27 inches in width with the door's hinge.) The exterior door to Bathroom #1 was in deteriorated condition and covered with black scuff marks and large holes. Based on interview with the primary caregiver and the administrator, the scuff marks and holes on the exterior of the bathroom door were due to a resident with an electric wheelchair/scooter who has had difficulty getting into Bathroom #1. (The width of the scooter measured 28 inches.) Severity: 2 Scope: 1